

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000103352

Entity Name: IMART TRADING, INC.

**FILED**  
**Jun 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1607 SW 108TH WAY  
DAVIE, FL 33324

**New Principal Place of Business:**

621 SW 64TH PKWY  
PEMBROKE PINES, FL 33023

**Current Mailing Address:**

1607 SW 108TH WAY  
DAVIE, FL 33324

**New Mailing Address:**

621 SW 64TH PKWY  
PEMBROKE PINES, FL 33023

FEI Number: 65-1061326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHAN, MD A P  
1607 SW 108 WAY  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

KHAN, MD A  
621 SW 64TH PKWY  
PEMBROKE PINES, FL 33023 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MD AKHTERUZZAMAN KHAN

06/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KHAN, MD A P  
Address: 1607 SW 108 WAY  
City-St-Zip: DAVIE, FL 33324

Title: T ( ) Delete  
Name: AKHTER, TASLIMA T  
Address: 1607 SW 108 WAY  
City-St-Zip: DAVIE, FL 33324

Title: S ( ) Delete  
Name: KHAN, AFROZA A S  
Address: 1607 SW 108 WAY  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KHAN, MD A  
Address: 621 SW 64TH PKWY  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: T (X) Change ( ) Addition  
Name: AKHTER, TASLIMA  
Address: 621 SW 64TH PKWY  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S (X) Change ( ) Addition  
Name: KHAN, AFROZA A  
Address: 621 SW 64TH PKWY  
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MD AKHTERUZZAMAN KHAN

P

06/05/2005

Electronic Signature of Signing Officer or Director

Date